

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTORIST SERVICES
SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE
www.flhsmv.gov/offices/

**APPLICATION BY FLORIDA MOTOR VEHICLE, MOTORCYCLE, MOBILE HOME
OR RECREATIONAL VEHICLE DEALER FOR TEMPORARY LICENSE PLATES**

DATE OF APPLICATION: _____

APPLICATION IS HEREBY MADE BY A FLORIDA MOTOR VEHICLE, MOTORCYCLE,
MOBILE HOME OR RECREATIONAL VEHICLE DEALER, (WHOSE NAME AND
DEALER LICENSE NUMBER APPEARS BELOW)

FOR _____ TEMPORARY
(Number of temporary license plates requested)

LICENSE PLATES, AS PROVIDED IN SECTION 320.131, FLORIDA STATUTES.

TYPE OF TEMPORARY PLATES REQUESTED: (regular) (motorcycle)

INCLUDED IS THE **REQUIRED FEE** OF: \$ _____

NAME OF DEALERSHIP: _____

Dealer's Address

City

State

Zip

Dealer's License Number: _____

SIGNATURE: _____

(Authorized Representative for Dealership)

NOTE: This form is to be accurately completed by the Florida motor vehicle, motorcycle, mobile home or recreational vehicle dealer. The original form will be retained by the authorized issuing agency (MS Regional Office or County License Plate Agency) for a minimum of one year and a copy of this form will be returned to the dealership along with the temporary license plates and the blank HSMV 83091 forms.

FOR AUTHORIZED ISSUING AGENCY ONLY

(MS Regional Office or County License Plate Agency)

NUMBER OF TEMPORARY LICENSE PLATES ASSIGNED: _____

ASSIGNED NUMBERS: FROM: _____ TO: _____

DATE LICENSE PLATES ASSIGNED: _____

ASSIGNED BY: _____

Check your local phone book government pages or visit the following website for current mailing addresses: <http://www.flhsmv.gov/offices/>